Page 1

FCC For	m 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351136	
<015>	Study Area Name	COON CREEK TEL CO	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Deb Lucht	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3194546234 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	debl@cooncreektelephone.com	
	Form Type	54.313 and 54.422	

(100) So	(100) Service Quality Improvement Reporting	FCC Form 481
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		July 2013
<010>	Study Area Code 351136	
<015>	Study Area Name COON CREEK	REEK TEL CO
<020>	Program Year 2017	
<030>	Contact Name - Person USAC should contact regarding this data	icht
<035>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cconcreektelephone.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing $\$54.202(a)$ "5 year plan" filed with the FCC?	(yes / no) O O
<pre><112> <113> <114> <114> <115> <116> <116> <117> <118> <118></pre>	If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate. Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How much (USF) was used to improve service quality and how support was used to improve service coverage How much (USF) was used to improve service coverage How much (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year.	351136ia112.pdf is a Name of Attached Document Ness equality Yes ice coverage Yes Se capacity Yes Not Applicable

15 5 10 14 14 15 15 15 15 15 15	(200) Ser Data Coll	(200) Service Outage R Data Collection Form	(200) Service Outage Reporting (Voice) Data Collection Form	(е)						FCC OM July	FCC Form 481 OMB Control No. 3060-0 July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	. 3060-0819
Contact Name	<010>	Study Area Co	ode				351136						
Program Name Prog	<015>	Study Area N	lame				COON CREEK	TEL CO					
Contact future Person USAC Aloud contact regarding this data Contact future Contact	<020>	Program Year					2017						
Contact Telephone Number - Number of person identified in data line 403b2 319 14 164 21 4 and 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<030>	Contact Nam	e - Person USA	C should conta	ct regarding thi	s data	Deb Lucht						
For the prior calendar year, were there any reportable voice service outlages? For the prior calendar year, were there any reportable voice service outlages? NORS ACID NUMBER OF ALISTONIA PROPERSE OUTLAGE STATE OUTLAGE STA	<035>	Contact Telep	phone Number	- Number of p	erson identified	in data line <0	3194546234	ext.					
Control to prior calendar year, were there any reportable voice service outages 5	<039>	Contact Emai	il Address - Em	ail Address of p	erson identifiec	in data line <0		eektelephone.com					
NOSS Para	<210>		ır calendar ye	ar, were ther	e any reporta	ble voice servi	ice outages?	No					
ce Outage Start Outage End Outage End Outage End Outage End Time Customers Affected Total Number of Customers (Yes / No) all that apply) (Yes / No) Resolution Resolution (These Resolution Cheek Study Areas Service Outage Affected Customers (Yes / No) (Y	<220>	^e>	b1>	 b2>	<	<p4><</p4>	<c1></c1>	<c2></c2>	^ p >	\ee	\$	\ \ \	۲ ۲
		NORS Reference Number		Outage Start Time			Number of Customers Affected		911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures

(300) Uni	(300) Unfulfilled Service Request		FCC Form 481
Data Coll	Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	<010> Study Area Code	351136	
<015>	<015> Study Area Name	COON CREEK TEL CO	
<020>	<020> Program Year	2017	
<030>	<030> Contact Name - Person USAC should contact regarding this data	Deb Lucht	
<035>	<035> Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.	
<039>	<039> Contact Email Address - Email Address of person identified in data line <030>	debl@cooncreektelephone.com	
<300> L	<300> Unfulfilled service request (voice)	0	
<310>[<310> Detail on attempts (voice)		
	N.	Name of Attached Document	
<320>	<320> Unfulfilled service request (broadband)	2	
<330>	351136ia330.pdf - 350>Detail on attempts (broadband)		
		Name of Attached Document	

Page 4

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code 351136
<015>	Study Area Name COON CREEK TEL CO
<020>	Program Year 2017
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line debl@cconcreektelephone.com debl@cconcreektelephone.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<410>	Complaints per 1000 customers for fixed voice 0.0
<420>	Complaints per 1000 customers for mobile voice
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.
<440>	Complaints per 1000 customers for fixed broadband 0.0
<450>	Complaints per 1000 customers for mobile broadband

Page 6

	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351136	
<015>	Study Area Name	COON CREEK TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cooncreektelephone.com	
<500>	Certify compliance with applicable service quality standards and consumer pro	otection rules Yes	
<510>	Descriptive document for Service Quality Standards & Consumer Protection Ru	351136ia510.pdf les Compliance	

(600) Fun	nctionality in Emergency Situations		FCC Form 481
Data Colle	ection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> 5	Study Area Code	351136	
<015> 5	Study Area Name	COON CREEK TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cooncreektelephone.com	
<600> C	ertify compliance regarding ability to function in emergency situations	Yes	
<610> De	escriptive document for Functionality in Emergency Situations	351136ia610.pdf	

(700) Pı Data Co	(700) Price Offerings i Data Collection Form	(700) Price Offerings including Voice Rate Data Data Collection Form	Rate Data				FCC Form 481 OMB Control July 2013	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	ontrol No. 3060-0819
<010>	Study Area Code	a Code			351136				
<015>	Study Area Name	a Name			COON CREEK TEL CO	TEL CO			
<020>	Program Year	Year			2017				
<030>	Contact N	Contact Name - Person USAC should contact regarding this data	should contac	t regarding this d	ata Deb Lucht				
<035>	Contact Te	Contact Telephone Number - Number of person identified in	Number of pe	rson identified in	data line <030>	3194546234 ext.			
<039>	Contact E	Contact Email Address - Email Address of person identified in data line <030>	Address of po	erson identified in	າ data line <030>	debl@cooncreektelephone.com	шо		
<701>	Residential Lc Single State-w	Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge	ective Date iervice Charge	1/1	1/1/2016				
<703>	<a1></a1>	<a>2>	<a>2	 b1>	<	<	 64>	<	\$
200	NH DY	170		110/	Residential Local	(C) (C)	(t)	Mandatory Extended Area	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
•	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
ı									
".									
l.									
•					See at	See attached worksheet			
•					•				
•									
<u> </u>									
'									

							1			
(710) Bro Data Colli	(710) Broadbrand Price Offerings Data Collection Form						FCC Form 481 OMB Control N July 2013	n 481 :rol No. 3060-0986,	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	0819
<010>	Study Area Code		35	351136						
<015>	Study Area Name		0	COON CREEK TEL CO						
<020>	Program Year			2017						
<030>	Contact Name - Person USA	Contact Name - Person USAC should contact regarding this data	nis data	Deb Lucht						
<035>	Contact Telephone Number	Contact Telephone Number - Number of person identified in data line <030>	ed in data line <030>	3194546234 ext.						
<039>	Contact Email Address - Em	Contact Email Address - Email Address of person identified in data line <030>	ed in data line <030>	debl@cooncreektelephone.com	lephone.com					
<711>	<a1></a1>	<a2></a2>	 	 	<>>>	<d1>></d1>	<d2></d2>	<q3></q3>	<d4>></d4>	-
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}	
				- See attached	hed					
				workshopt -						
				1001101101						
										_

(800) Op	(800) Operating Companies			FCC Form 481
Data Co	Data Collection Form			OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351136		
<015>	Study Area Name	COON CREEK TEL CO	, CO	
<020>	Program Year	2017		
<030>		Deb Lucht		
<032>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.	τ.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cooncree]	debl@cooncreektelephone.com	
<810>	Reporting Carrier Coon Creek Telephone Company			
<811>				
<812>	Operating Company coon Creek Telephone Company			
<813>	<a1>></a1>		<a2></a2>	<a3></a3>
	Affiliates		SAC	Doing Business As Company or Brand Designation
		See atta	See attached worksheet	et
		_	_	

(000) Tribal Parating	[F/F E.www A04
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	351136
	COON CREEK TEL CO
	2017
<030> Contact Name - Person USAC should contact regarding this data	Deb Lucht
	3194546234 ext.
	debl@cooncreektelephone.com
<900> Does the filing entity offer tribal land services? (Y/N)	No
<910> Tribal Land(s) on which ETC Serves	
<920> Tribal Government Engagement Obligation	
	Name of Attached Document
If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select Yes or No or Not Applicable
<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions. <922> Feasibility and sustainability planning;	
<923> Marketing services in a culturally sensitive manner;	
<926> Compliance with Facilities Siting rules <927> Compliance with Fnvironmental Review processes	
<929> Compliance with Tribal Business and Licensing requirements.	

			14 295 -
(1000) V Data Col	(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	3060-0819
<010>	Study Area Code	351136	
<015>	Study Area Name	COON CREEK TEL CO	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht	
<032>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cooncreektelephone.com	
<1000>	Voice services rate comparability certification $^{ m Yes}$		
<1010>	3511. Attach detailed description for voice services rate comparability compliance	351136ia1010.pdf	
		Name of Attached Document	
<1020>	Yes Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau	nounced by
<1030>	35113 Attach detailed description for broadband comparability compliance	351136ia1030.pdf	
		Name of Attached Document	

(1100) N Data Col	(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351136
<015>	Study Area Name	COON CREEK TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht
<032>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cooncreektelephone.com
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Yes
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).	kbps

(1200) T	(1200) Terms and Condition for Lifeline Customers	FCC Form 481
Lifeline Data Col	Lifeline Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351136
<015>	Study Area Name	COON CREEK TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht
<032>	Contact Telephone Number - Number of person identified in data line <030>	030> 3194546234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	<pre>c030> debl@cooncreektelephone.com</pre>
		351136ia1210.pdf
9		
<1710>	lerms & Conditions of Voice Telephony Lifeline Plans	
		Name of Attached Document
<1220>	Link to Public Website	НТР
"Please check th or the website lis § 54.422(a)(2) a annually report:	"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	
<1222>	Details on the number of minutes provided as part of the plan,	\
<1223>	Additional charges for toll calls, and rates for each such plan. $oxed{igl }$	

(2000) Pr	(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Coll	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010>	<010> Study Area Code	351136
<015>	<015> Study Area Name	COON CREEK TEL CO
<020>	<020> Program Year	2017
<030>	<030> Contact Name - Person USAC should contact regarding this data	Deb Lucht
<032>	<035> Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> debl@cconcreektelephone.com	debl@cooncreektelephone.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

					Name of Attached Document Listing Required Information	Name of Attached Document Listing Required Information	
Incremental Connect America Phase I reporting 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental	Support 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives	projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census	blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only. Round 2 Recipient of Incremental Support?	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only. Round 1 or Round 2 Recipient of Incremental Support?	Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)
lnc <2010>	<2011>	<2022>	<2023>	<2024A>	<2024B>	<2025B>	<2015>

(2000) Price Cap Carri Data Collection Form Including Rate-of-Retu	(2000) Price Cap Carrier Additional Documentation (Continued) Data Collection Form Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
Price <2016> Connect	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} 16> Certification support used to build broadband Connect America Phase II Reporting {47 CFR § 54.313(e)}	
<2017A>	Connect America Fund Phase II recipient?	
<2017B>	Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price	Name of Attached Document Listing Required Information
<2018>	cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)	Name of Attached Document Listing Required Information
<2019>	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)	
<2020>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)	
<2021>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)	
<2026>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)	
<2027>	Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)	

(3005) Rate O Data Collectio	of Return Carrier Additional Documentation	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351136
<015>	Study Area Name	COON CREEK TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht
<035>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cooncreektelephone.com

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certificat	ion 351136ia3010.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	331130183010.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line	(Yes/No)	
(3019)	3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	·	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	✓	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	1	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows		[20124] - 2004 - 245
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	351136ia3026.pdf

LINES 3027-3034

LINES REDACTED IN ENTIRETY

Page 19

(4005) Rural Broadband Experiment Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013
	•

<010>	Study Area Code	351136
<015>	Study Area Name	COON CREEK TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht
<035>	Contact Telephone Number - Number of person identified in data lir	ne <030> 3194546234 ext.
<039>	Contact Email Address - Email Address of person identified in data li	ne <030> debl@cooncreektelephone.com

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond $(yes-attach\ new\ community\ anchors,\ no-no\ new\ anchors)\ to\ indicate\ whether\ this\ list\ will\ be\ provided.$

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses Name of Attached Document Listing Required Information of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations - FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing Name of Attached Document Listing Required Information deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information speed and data usage allowances available in the relevant geographic area.

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	351136
-OAF- Charles Asses Norma	GOOM GREEK MEL GO

<010>	Study Area Code	351136
<015>	Study Area Name	COON CREEK TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht
<035>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cooncreektelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

	onsibilities include ensuring the accuracy of the annual reporting requirements for universal serv n reported on this form and in any attachments is accurate.	ice support
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	351136
<015>	Study Area Name	COON CREEK TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Deb Lucht
<035>	Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	debl@cooncreektelephone.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to F	ile Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
I certify that (Name of Agent) <u>Kiesling Associates</u> also certify that I am an officer of the reporting carrier; my responsibilities incluagent; and, to the best of my knowledge, the reports and data provided to the a	is authorized to submit the information reported on behalf of the reporting carrier. I de ensuring the accuracy of the annual data reporting requirements provided to the authorized uthorized agent is accurate.
Name of Authorized Agent: Kiesling Associates	
Name of Reporting Carrier: COON CREEK TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/15/2016
Printed name of Authorized Officer: Debra Lucht	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 3194546234 ext.	
Study Area Code of Reporting Carrier: 351136 Fili	ng Due Date for this form: 07/01/2016
, ,	orfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

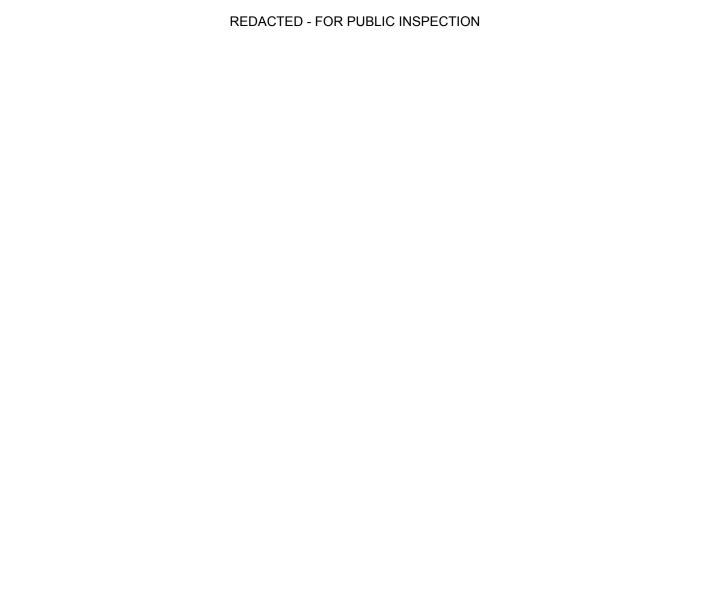
Certification of Agent Authorized t	to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier
	nit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided ier; and, to the best of my knowledge, the information reported herein is accurate.
lame of Reporting Carrier: COON CREEK TEL CO	
Iame of Authorized Agent Firm: Kiesling Asso	ociates
ignature of Authorized Agent or Employee of Agent: CERTIFIED OI	NLINE Date: 06/15/2016
ame of Authorized Agent Employee: Cheryl Cl	lauson
itle or position of Authorized Agent or Employee of Agent Regulato	ory Consultant
elephone number of Authorized Agent or Employee of Agent: 515223	0159 ext.
	Filing Due Date for this form: 07/01/2016

Attachments

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

Broadband U	nfilled Requests for Services	(Held Ord	ers)
Part 54.313(a)(3)	The number of requests for service to year. The carrier shall also detail how	from potential w it attempted	customers within the recipient's service areas that were unfulfilled during the prior calendar to provide service to those potential customers.
2	2	2	
Date Request Received	Description of broadband service requested	Order still open on 12/31/15?	Steps taken to provide requested broadband service
10/27/15	Request for 5 MB Service at 2382 Benton Iowa Rd, Blairstown	YES	Line and pair bond testing by CCT technicians determined address is to far from CO
11/20/15	Request for 5 MB Service at7919 16th Ave Rd., Luzerne	YES	Line and pair bond testing by CCT technicians determined address is to far from CO



FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Coon Creek Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

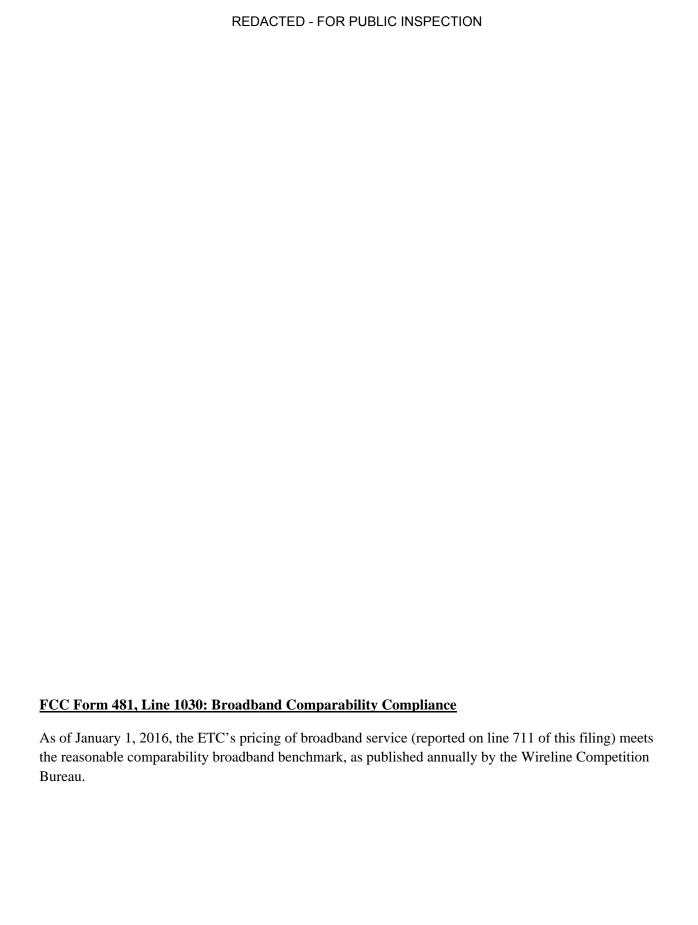
Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Coon Creek Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements. In addition, the ETC also complies with all federal rules regarding end user's abilities to function in emergency situations.

(700) Pric Data Coll	(700) Price Offerings i Data Collection Form	(700) Price Offerings including Voice Rate Data Data Collection Form	. Data				9 0 0	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	B Control No. 3060-0819
<010>	Study Area Code	Code			351136				
<015>	Study Area Name	Name			COON CREEK TEL CO	TEL CO			
<020>	Program Year	ar			2017				
<030>	Contact Nar	Contact Name - Person USAC should contact regarding this data	uld contact regard	ing this data	Deb Lucht				
<032>	Contact Tel	Contact Telephone Number - Number of person identified in data line <030>	ber of person ide	ntified in data line	<030> 3194546234 ext.	ext.			
<039>		Contact Email Address - Email Address of person identified in data line <030>	lress of person ide	entified in data line		debl@cooncreektelephone.com			
<701>	Residential	Residential Local Service Charge Effective Date	ffective Date	1/1/	1/2016				
<702>	Single State	Single State-wide Residential Local Service Charge	Il Service Charge						
<703>									_
	<a1>></a1>	<a2></a2>	<a3></a3>	 b1>	<bs></bs>	 	 b4>	<	<>>>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
	IA	Blairstown		FR	17.75	0.0	0.0	0.0	17.75
	IA	Blairstown	-	FR	18.25	0.0	0.0	0.0	18.25

OMB Control No. 3060-0986/OMB Control No. 3060-0819 When Limit Reached {select} Usage Allowance Other, No Limit **Action Taken** July 2013 Usage Allowance 666666 666666 666666 666666 666666 666666 666666 666666 666666 666666 666666 666666 -Upload Speed (Mbps) (GB) Broadband Service - Broadband Service 0.768 0.768 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 **Download Speed** debl@cooncreektelephone.com (Mbps) 10.0 10.0 15.0 15.0 20.0 20.0 1.0 1.0 3.0 3.0 5.0 5.0 COON CREEK TEL CO 3194546234 ext <q1> **Total Rates** Deb Lucht and Fees 351136 2017 68.95 27.95 30.95 40.95 50.95 65.95 80.95 43.95 53.95 83.95 95.95 98.95 **\$** <039> Contact Email Address - Email Address of person identified in data line <030> <035> Contact Telephone Number - Number of person identified in data line <030> State Regulated Fees <030> Contact Name - Person USAC should contact regarding this data 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 Residential Rate
b1> 30.95 27.95 95.95 40.95 43.95 50.95 53.95 65.95 68.95 83.95 80.95 98.95 Exchange (ILEC) <a2> Blairstown (710) Broadband Price Offerings <015> Study Area Name <010> Study Area Code <020> Program Year Data Collection Form State <a1> ΙΆ IA ΙΆ ΙΆ IA IA ΙĄ ΙΆ ΙΆ ΙΆ ΙĄ ΙA <711>

(800) Operating Companies			T C C T 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Data Collection Form			FCC Form 48.1 OMB Control No. 3060-0986/OMB Control No. 3060-08.19 July 2013
<010> Study Area Code	351136		
<015> Study Area Name	COON CREEK TEL CO	3L CO	
<020> Program Year	2017		
<030> Contact Name - Person USAC should contact regarding this data	Deb Lucht		
<035> Contact Telephone Number - Number of person identified in data line <030>	3194546234 ext.	t.	
<039> Contact Email Address - Email Address of person identified in data line <030>	debl@cooncre6	debl@cooncreektelephone.com	
<pre><810> Reporting Carrier</pre>			
<812> Operating Company Coon Creek Telephone Company			
<813> <a1></a1>		<a2></a2>	<a3></a3>
Affiliates		SAC	Doing Business As Company or Brand Designation
Coon Creek Telecommunications Corp		359009	
AVD Communications LLD			





FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill. Lifeline benefits are limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for the Lifeline program include those who participate in other federal public assistance programs, such as the Low-Income Home Energy Assistance Program (LIHEAP) or Supplemental Nutrition Assistance Program (SNAP). Consumers may also qualify based on their level of income. For more information, please see the Board's 2015 Lifeline Week news release.

A Lifeline <u>application form</u> is available from your local telephone service provider, the Iowa Utilities Board, or most <u>Community Action Agencies</u> in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Re-certification forms are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's local telecommunications provider within 30 days. If the re-certification form is not returned, the telecommunications provider will discontinue the subscriber's Lifeline assistance.

Information about the <u>number of customers receiving Lifeline assistance</u> is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit <u>www.fcc.gov/lifeline</u> or <u>www.usac.org</u>.

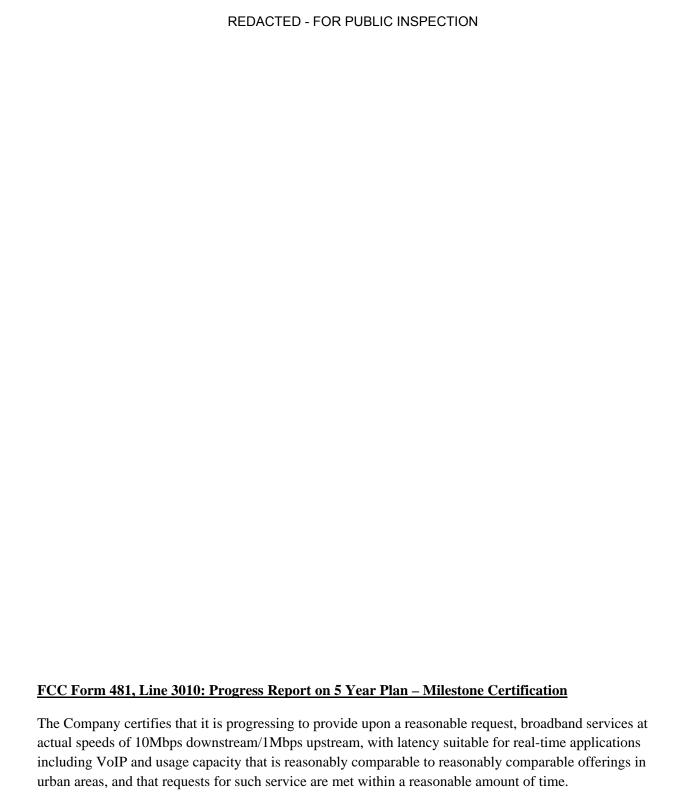
Number of local minutes provided: Unlimited local calling

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

STANDARD AGREEMENT FOR LOCAL EXCHANGE SERVICE COON CREEK TELEPHONE COMPANY

- 1. **SERVICE AGREEMENT.** This standard agreement (this "**Agreement**") governs your service relationship with Coon Creek Telephone Company (together with any subsidiaries or affiliates providing your service or related facilities, "we," "us," or the "Company") for regulated local exchange services and facilities ("**Service**"). Previously, the Company provided Service pursuant to a Local Services Tariff filed with and approved by the Iowa Utilities Board. As a result of recent changes to applicable law and regulations, the Company no longer files or maintains a Local Services Tariff. Instead, we now provide Service pursuant this Agreement, including the additional Terms of Service incorporated herein by reference.
- 2. ACCEPTANCE. Your acceptance of this Agreement occurs upon any of the following: (a) you provide a written or electronic signature expressly accepting this Agreement; (b) you orally or electronically order and/or activate Service; or (c) you use Service, following notification that this Agreement will apply to your ongoing use of such Service.
- 3. ADDITIONAL TERMS OF SERVICE. We provide Service pursuant to a certificate of public convenience and necessity issued by the Iowa Utilities Board. We provide Service subject to our "Services Catalog", including: (a) this Agreement (b) our Rules and Regulations for Local Exchange Service, which are incorporated herein by reference; (c) our applicable Service Guides and Rate Schedules, which are incorporated herein by reference and (d) applicable rules and regulations of the Iowa Utilities Board. Current versions of our Rules and Regulations, Service Guides and Rate Schedules are available in electronic form on our website at www.cooncreektelephone.com. Current versions of these documents are also available at our business office(s) and will be provided or made available to you upon request. Our Rules and Regulations, Service Guides and Rate Schedules contain the specific prices and charges, service descriptions and other terms and conditions not set forth herein which apply to Service. This Agreement incorporates by reference the prices, charges terms and conditions included in our other Services Catalog.
- 4. **RIGHTS AND RESPONSIBILITIES.** This Agreement is our standard service agreement. Under this Agreement, we agree to provide and bill for Service, and you agree to use and pay for Service, as provided herein and in our other applicable Terms of Service. Our rights and responsibilities, and your rights and responsibilities, are as set forth in this Agreement and our other applicable Terms of Service.
- 5. **TERM.** This Agreement shall commence on the date of your acceptance and shall continue month-to-month (or, in some cases for an established minimum term) as provided in our applicable Terms of Service. Either party may terminate this Agreement or any Service in accordance with our applicable Terms of Service. Termination of this Agreement or any Service shall not waive or release your obligation to pay for Service provided prior to such termination as well as any other applicable fees and charges, as provided in our Terms of Service.
- 6. RATES; PAYMENT. Nonrecurring and recurring charges for Service are as set forth in our applicable Terms of Service. Except as otherwise noted, Service pricing is exclusive of applicable local, state and federal taxes and regulatory fees, assessments and surcharges. All Service charges, along with applicable local, state and federal taxes and regulatory fees, assessments and surcharges, will be itemized on your invoice. Failure to pay invoices when due may result in late payment penalties or suspension or disconnection of Service as provided in our applicable Terms of Service.
- 7. CHANGES TO TERMS. We reserve the right to change our Terms of Service (including rates or any other terms and conditions of Service) upon written notice to you. The notice may be provided on your monthly bill, as a bill insert, by email, on our website, or by other written communication or other form of notice permitted or required by applicable laws and regulations. If you elect not to cancel your Service and continue to use Service after the communicated effective date of any such changes, your continued use of Service will constitute acceptance of the modified Terms of Service.
- 8. CHANGES TO SERVICE. We may, from time to time, modify the Service to reflect improvements and other changes and modifications to our network. In addition, we reserve the right to discontinue or limit Service as required to comply with or satisfy our obligations under applicable laws or regulations, including when changes to or interpretations of such laws and regulations have a material, adverse effect on the business, technical or economic feasibility of providing Service, as determined by us in our reasonable judgment.
- 9. ACCESS TO SERVICE PREMISES. We may enter into, upon and over your Service premises periodically during the term of this Agreement to install, connect, inspect, maintain, repair, alter, disconnect and remove our facilities and equipment used to provide Service. To the extent the same is consistent with your ownership of the premises, you grant the Company a temporary and permanent easement to construct, install, maintain, and/or replace Service facilities and to install, connect, inspect, maintain, repair, alter, disconnect and remove all facilities and equipment necessary to provide Service. In the event you are not the owner of the premises upon which installation is requested, you warrant to the Company that you have obtained the consent of the owner of the premises for the Company to install and maintain its facilities and equipment as contemplated herein.
- 10. CREDIT CHECK; DEPOSITS. In connection with your request or application for any Service, we may conduct an investigation into your credit-worthiness, including obtaining one or more reports or ratings from one or more independent credit reporting or credit scoring agencies. We may require a deposit for you to establish or maintain Service. The deposit amount, the length of time we hold the deposit and changes to the deposit amount are determined based on your credit and payment history, our Terms of Service and any applicable laws or regulations. If Service is canceled or disconnected for any reason, we may, subject to our Terms of Service and applicable law and regulations, apply your deposit toward payment of outstanding charges.
- 11. SERVICE ACCOUNTS. Service accounts are assigned to customers only, and the customer in whose name the account is established will be treated as the account owner for all purposes. Account owners may designate one or more "authorized users" who will have access to account information and may make certain account changes in accordance with our policies and applicable laws and regulations. As the owner of the account, you are responsible for designating (or changing the designation) of any authorized users. You will hold the Company harmless from any claims arising from account instructions given or inquiries made by you or any authorized user. You are responsible for keeping all account and billing data with the Company up-to-date and accurate. Furnishing false data to the Company is grounds for immediate disconnection of Service and may subject you to civil or criminal liability.

- FEDERAL LIFELINE PROGRAM. The Company is an eligible telecommunications carrier (ETC) within all or portions of its service area, meaning that it provides certain services supported by the federal Universal Service Fund, including the federal "Lifeline" program for qualifying low-income consumers. Single line, local residential service is a Lifeline-eligible service. Lifeline is a government benefit program which provides a monthly credit toward a qualified low-income subscriber's telephone bill. Only eligible low-income consumers may enroll in the Lifeline program. Consumers who meet eligibility criteria must also complete documentation necessary for enrollment. Lifeline assistance is non-transferable, and eligible subscribers may receive assistance from only one wireline or wireless telecommunications provider per household. If you believe you may qualify for the Lifeline program, please visit our website at www.cooncreektelephone.com or contact us to discuss program details, eligibility requirements or to request a Lifeline application. Consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. To report Lifeline fraud, you may contact the Federal Communications Commission Lifeline Fraud Tip Line: 1-855-4LL-TIPS (or 1-855-455-8477) or Lifeline@fcc.qov.
- DISCLAIMER OF WARRANTIES. EXCEPT AS OTHERWISE EXPRESSLY PROVIDED IN OUR TERMS OF SERVICE, WE MAKE NO WARRANTIES WITH RESPECT TO ANY SERVICE OR FACILITIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTIES CONCERNING THE SPECIFIC FUNCTION OF ANY SERVICE OR FACILITIES, OR THEIR RELIABILITY, AVAILABILITY, OR ABILITY TO MEET YOUR SPECIFIC NEEDS. TO THE EXTENT PERMITTED BY LAW, WE EXPRESSLY DISCLAIM ALL IMPLIED WARRANTIES, INCLUDING BUT NOT LIMITED TO IMPLIED WARRANTIES OF SATISFACTORY QUALITY, NON-INFRINGEMENT, MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.
- 14. **LIMITATION ON REMEDIES.** In addition to any other limitation on remedies or limitations of liability set forth in our Terms of Service or in applicable law or regulations, the Company shall not be liable for any delay or failure to provide Service at any time or from time to time, or any interruption or degradation of Service quality that is caused by any of the following: (a) an act or omission of an underlying carrier, service provider, vendor or other third party; (b) equipment, network or facility failure, including failure caused by the loss of power; (c) equipment, network or facility upgrade or modification; (d) force majeure events such as (but not limited to) acts of God, acts of nature, strikes, fire, war, riot, acts of terrorism and government actions; (e) equipment or facility shortage; (f) equipment or facility relocation; (g) any act or omission by you or any person using your Service; (h) theft, fraud or abuse of Service; or (i) any other cause that is beyond the Company's reasonable control.
 - THE EXTENT PERMITTED BY LAW, OUR TOTAL LIABILITY FOR ANY CLAIM UNDER THIS AGREEMENT, INCLUDING FOR ANY EXPRESS OR IMPLIED WARRANTIES, IS LIMITED TO THE AMOUNT YOU PAID US FOR THE AFFECTED SERVICE OR FACILITIES, WHETHER SUCH CLAIM OR REMEDY IS SOUGHT IN CONTRACT OR TORT, INCLUDING NEGLIGENCE, STRICT LIABILITY OR OTHERWISE. TO THE EXTENT PERMITTED BY LAW, WE SHALL NOT BE LIABLE TO YOU FOR ANY CONSEQUENTIAL, INCIDENTAL, INDIRECT, PUNITIVE, SPECIAL OR TREBLED OR ENHANCED DAMAGES, INCLUDING, BUT NOT LIMITED TO LOST PROFITS, LOST BUSINESS, OR OTHER COMMERCIAL OR ECONOMIC LOSS, WHETHER SUCH DAMAGES ARE CLAIMED FOR BREACH OF CONTRACT, NEGLIGENCE OR OTHERWISE AND WHETHER OR NOT WE HAVE BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.
- 15. **INDEMNIFICATION.** You agree to indemnify the Company and our affiliates, officers, agents and employees from any liability or expense arising from claims, losses, damages, suits, judgments, litigation costs and attorneys' fees arising from or related to your abuse or misuse of Service, or any other violation of this Agreement or our other Terms of Service.
- ADDITIONAL SERVICES. Our telecommunications and communications services are diverse, and not all services we provide are regulated services. This Agreement and the other Terms of Service identified herein apply only to local exchange services regulated by the lowa Utilities Board. The Company may also offer or provide other products and services, including unregulated telecommunications or communications services. Unless otherwise specified, such products and services are not covered by this Agreement or our other Terms of Service referenced herein, but may be subject to other service contracts or terms and conditions of service provided or made available to customers in connection with those products and services.
- 17. **GOVERNING LAW.** This Agreement, and our contractual and service relationship with you, shall be deemed to have been made in and shall be governed by and construed in accordance with the substantive laws of the State of Iowa, without regard to the principles of conflicts of law.
- 18. **INCORPORATION AND INTEGRATION.** Our Terms of Service are incorporated into this Agreement. This Agreement, along with our other Terms of Service, constitute the entire agreement between the parties concerning our contractual service relationship, there being no prior written or oral promises or representations not incorporated herein or therein.
- 19. **NO IMPLIED WAIVER.** Our failure to exercise or enforce any provision of or rights under this Agreement or our other Terms of Service shall not constitute a waiver of any such provision or right.
- 20. **SEVERABILITY.** If any part or provision of this Agreement or our other Terms of Service is held, in whole or in part, to be invalid, illegal, or unenforceable by any law or regulation of any governmental or regulatory authority, or by the final determination of any court of competent jurisdiction, that part or provision will be construed consistent with applicable law or regulation as nearly as possible, and the remaining parts and provisions will remain in full force and effect. Such invalidity or non-enforceability will not invalidate or render unenforceable any other part or provision of this Agreement or our other Terms of Service.
- ASSIGNMENT; BINDING EFFECT. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors and assigns; provided, however, you may not assign or transfer your rights or obligations under this Agreement without our express written consent. Unless consent is granted, all accounts must be closed and reopened under the name of a new customer for issuance of a new account number.



ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY